NAME ADDRESS

08/08/2006 11:58 FAX 626 577 8800

CHRISTIE, PARKER & HALE, LLP Docket No. 58192/S318 Post Office Box 7068 Pasadena, CA 91109-7068 Applicant or Patentee David M. Perrin, et al. Application No. Filed RADIOLABELED COMPOUNDS AND COMPOSITIONS, THEIR Entitled PRECURSORS AND METHODS FOR THEIR PRODUCTION VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37) CFR 1.9(1) & 1.27(d) - NONPROFIT ORGANIZATION I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below: The University of British Columbia NAME OF NONPROFIT ORGANIZATION University-Industry Liason Office, #103-6190 Agronomy ADDRESS OF NONPROFIT ORGANIZATION: Road, Vancouver, British Columbia. V6T 1Z3 Canada TYPE OF NONPROFIT ORGANIZATION UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3) NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF **AMERICA** (NAME OF STATE: \_\_\_); (CITATION OF STATUTE: \_\_\_) WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (28 U.S.C. 501(a) and 501(c)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA. (NAME OF STATE: \_\_\_); (CITATION OF STATUTE: \_\_\_) I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention entitled RADIOLABELED COMPOUNDS AND COMPOSITIONS, THEIR PRECURSORS AND METHODS FOR THEIR PRODUCTION by inventor(s) David M. Perrin, and Richard Ting described in: the specification filed herewith Application No. \_\_\_\_\_ filed Patent No. \_\_\_ issued I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization regarding the above identified invention. If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights in the invention is listed below and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). "NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention avening to their status as small entities. (37 **CFR 1.27)** 

INDIVIDUAL \_\_ SMALL BUSINESS CONCERN \_\_ NONPROFIT ORGANIZATION

## VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37) CFR 1.9(f) & 1.27(d) — NONPROFIT ORGANIZATION

Docket No.: 58192/5318

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

| NAME OF PERSON SIGNING                  | : | X BARBARA M. CAMPBELL Associate Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| TITLE IN ORGANIZATION OF PERSON SIGNING | : | University - Industry Liaison Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ADDRESS OF PERSON SIGNING               | : | <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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